

Greene County Safety Council Membership Application

In completing this enrollment form, the employer makes a commitment to send representatives to monthly safety council meetings.

Company: _____

Physical Address: _____

City: _____ State _____ Zip: _____

Printed Name: _____

Title: _____

Signature: _____ Enrollment Date: _____

Phone: _____ E-mail: _____

Type of Business: _____ # of Employees: _____

Required Information:

BWC Policy Number:

or

Self Employed Organization

Annual Safety Council Membership Fees (please circle one)

1 - 25 employees	\$ 25.00
26 - 99 employees	\$ 50.00
100 - 199 employees	\$100.00
200 + employees	\$150.00

Total Due: \$ _____

Payment Information:

Check enclosed made payable to **Greene County Safety Council**

Invoice me at email: _____

Mail with payment or email this form to: Xenia Area Chamber of Commerce 334 W. Market St.,
Xenia, OH 45385-2843 * admin@xacc.com

Meeting Schedule: 1st Wednesday of every month

Time: 8:00 am - 9:00 am

Location: Xenia Adult Recreation and Services Center at
338 S. Progress Drive, Xenia, OH 45385

